Kawasaki Disease in General Pediatrics
(ED, Inpatient)

**INCLUSION CRITERIA**
- Suspicion for Kawasaki Disease
- Age > 2 months

**EXCLUSION CRITERIA**
- Sepsis
- Other diagnosis suspected

**PROVIDER ASSESSMENT**
Fevers + any of the following clinical criteria:
- Cervical lymph node > 1.5cm, bilateral conjunctival injection, polymorphous rash, mucous membrane changes (injected pharynx, fissured lips, strawberry tongue), extremity changes (edema, erythema, desquamation)
- OR
- Infants with fever ≥ 7 days without other explanation

Obtain labs:
- CBCd, ESR, CRP, CMP, GGT, UA (bag or clean catch if UTI not suspected)
- CRP < 3.0 mg/dL
- ESR < 40 mm/hr

**Fever + 2-3 clinical criteria**
- CRP < 3.0 mg/dL
- ESR < 40 mm/hr
- Follow daily
- CRP ≥ 3.0 mg/dL
- ESR ≥ 40 mm/hr

**Fever persists**
- Reassess patient characteristics
- ECHO Consult KD expert

**CRP ≥ 3.0 mg/dL**
- ECHO negative
- ECHO positive

**Atypical Kawasaki**
- Treat: IVIG 2g/kg IV over 10hrs
- ECHO within 24 hours
- ASA 30-50 mg/kg daily divided q6h
- As needed: Tylenol for fever (avoid ibuprofen)
- Consider mIVF if inadequate PO intake

**Fever resolves**
- Routine f/u
- Return precautions

**ECHO Consult KD expert**

**No peeling**
- Repeat ECHO
- Consult KD expert

**≥ 3 supplementary lab criteria**
- Classic Kawasaki
- Treat: IVIG 2g/kg IV over 10hrs
- ECHO within 24 hours
- ASA 30-50 mg/kg daily divided q6h
- As needed: Tylenol for fever (avoid ibuprofen)
- Consider mIVF if inadequate PO intake

**< 3 supplementary lab criteria**
- Atypical Kawasaki
- Treat: IVIG 2g/kg IV over 10hrs
- ECHO within 24 hours
- ASA 30-50 mg/kg daily divided q6h
- As needed: Tylenol for fever (avoid ibuprofen)
- Consider mIVF if inadequate PO intake

**Fever persists**
- Repeat ECHO
- Consult KD expert

**5 days of fever + 4 clinical criteria**
- Classic Kawasaki
- Treat: IVIG 2g/kg IV over 10hrs
- ECHO within 24 hours
- ASA 30-50 mg/kg daily divided q6h
- As needed: Tylenol for fever (avoid ibuprofen)
- Consider mIVF if inadequate PO intake

**Fever resolves**
- Afebrile ≥ 36 hours after end of infusion
- Consult KD expert
- Give infliximab 10mg/kg IV vs second dose of IVIG

**Fever ≥ 7 days without other explanation**
- ECHO Consult KD expert

**Recent data (see ref 2) indicates infliximab may be more effective than a 2nd dose of IVIG**

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Fever for 5 days not required for diagnosis
If there is clinical suspicion for multisystem inflammatory syndrome in children (MIS-C), consider sending COVID-19 antibody testing
Albumin ≤ 3 g/dL, anemia for age, elevated ALT, platelets after 7 days ≥ 450K/mm3, WBC ≥ 15K/mm3, and urine ≥ 10 WBF/HPF
Typically periungual, first fingers then toes
Doses as high as 100mg/kg/day have been used without clear added benefit
Recent data (see ref 2) indicates infliximab may be more effective than a 2nd dose of IVIG

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Medical Disclaimer
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IVIG Adverse Effects:
- Headache (common; for patients prone to migraine or other headaches, consider pre-med with acetaminophen and/or diphenhydramine)
- Anaphylaxis (especially in IgA-deficient patients)
- Aseptic meningitis
- Renal impairment (ensure patients are adequately hydrated)
- Hemolysis (consider monitoring H/H 5-7 days post IVIG especially in patients receiving multiple doses of IVIG)
- Thromboembolic events (especially in patients at higher clotting risk)
- Effects on vaccine efficacy (delay live vaccines such as MMR for 11 mo after IVIG given)

References:

Medical Disclaimer:
The clinical pathways are based upon current, available evidence. The clinical pathways should not be used as medical advice. They should be used as a guide in managing patients. In addition to the clinical pathway, medical management is to be individualized, and may depend on medical resources available to the medical practitioners, the physician’s clinical judgment and any special circumstances pertaining to the patient and/or family. They are not intended to establish a standard of care. Although the pathways are developed after careful deliberation, they cannot be guaranteed to be completely accurate or without omissions. UCLA is not responsible for any unexpected or adverse patient events or outcomes in connection with the application of the clinical pathways to patient management. Readers are encouraged to confirm the information contained within the clinical pathways with other references, sources and expert opinion prior to instituting a health care decision for patient care.